

FOR INSTRUCTIONS, SEE BACK OF FORM

## DISCLOSURE SUMMARY PAGE

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization) Reitering Campaign

IMPORTANT: Indicate type of committee you are reporting for: ☒ 1

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
(5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
(8) Support State of Candidates

### CANDIDATE COMMITTEES ONLY:

Candidate Name

STEVE KETTERING

Political Party

REPUBLICAN

Office Sought

SENATOR

District (if Senate or House)

26

[Signature]  
SIGNATURE OF TREASURER (or person filing this report)

712-657-3347

TELEPHONE

January 8, 2008

DATE SIGNED

**Routine Penalties Due For Late Filed Reports Range from \$20 to \$800**

**SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:**

I AM FILING A activity of 1-1-07 thru 12-31-07 REPORT FOR AN/A (1) ELECTION (2) NON-ELECTION YEAR.  
(report date) Indicate one ☒ 2

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

Local Committees, enter Date of Election

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a Notice of Dissolution is filed.)

County & Local Committees, enter County in which Election is held

### STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$ 3,664.70

#### ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below)

11,925.00

Schedule F: Loans Received total (Attach Schedule F)

.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 15,589.70

#### SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)

.00

Schedule F: Loan Repayments total (Attach Schedule F)

.00

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$ 15,589.70

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ .00

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E).....\$ 163.89

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ .00

### CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

☐ YES ☒ NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE

**A**

(Rev. 06/07)

**MONEY RECEIPTS**

☐ CHECK THIS BOX IF AMENDING FORM

**COMMITTEE NAME (Must be same as on Statement of Organization)**

KEETERING CAMPAIGN

**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

**CAUTION:** Section 60B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
07/09/07	ID# CK# 876	James T. Feauto 1833 N. Main Street Carroll, IA 51401		\$ 25.00	<input checked="" type="checkbox"/>
07/09/07	ID# CK# 5734	Sylvia K. Badow 533 2nd Ave Manilla, IA 51454		25.00	<input checked="" type="checkbox"/>
07/09/07	ID# CK# 8548	Connie Johnston 103 W. Monroe Jefferson, IA 50129		50.00	<input checked="" type="checkbox"/>
07/09/07	ID# CK# 1549	Carla J. Hemness 5002 Raintree Drive West Des Moines, IA 50265-6939		50.00	<input checked="" type="checkbox"/>
07/09/07	ID# CK# 2826	Dixie Christensen Box 2 Dedham, IA 51440		25.00	<input checked="" type="checkbox"/>
07/09/07	ID# CK# 8102	Michael McGinnis 308 Arthur Neu Drive Carroll, IA 51401		25.00	<input checked="" type="checkbox"/>
07/09/07	ID# 6067 CK# 3664	Iowa Health PAC #6067 6750 Westown Parkway #100 West Des Moines, IA 50266		200.00	<input checked="" type="checkbox"/>
07/09/07	ID# CK# CASH	Mary Jane Venteicher 6323 Panorama Drive Panora, IA 50216		100.00	<input checked="" type="checkbox"/>
08/21/07	ID# 6098 CK# 3567	Iowa Bev Pac #6098 321 E. Walnut - Suite 310 Des Moines, IA 50309-2026		1000.00	<input type="checkbox"/>
08/22/07	ID# CK# 3530	Jared A. Davix 5155 Financial Way Mason, OH 45040		1000.00	<input type="checkbox"/>
SUB-TOTAL				2500.00	
TOTAL (If last page of this schedule)				\$	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE

**A**

(Rev. 08/07)

MONEY RECEIPTS

☐ CHECK THIS BOX IF AMENDING FORM

**COMMITTEE NAME (Must be same as on Statement of Organization)**

KEETERING CAMPAIGN

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
10/26/07	ID# 6059. CK# 3057	Iowa Committee of Automotive Retailers 1111 Office Park Rd. West Des Moines, IA 50265		\$ 100.00	<input type="checkbox"/>
11/05/07	ID# CK# 237	Donley D. Granstra 708 E. 22nd Street Carroll, IA 51401		200.00	<input type="checkbox"/>
11/19/07	ID# 8194 CK# 10667	HSBC North America (H-PAC 8194) A Multicandidate Committee 2700 Sanders RD., Prospect Heights, IL 60070		200.00	<input type="checkbox"/>
11/19/07	ID# CK# 13017	James S. Haahr 1606 Shoreway Road Storm Lake, IA 50588		200.00	<input type="checkbox"/>
11/20/07	ID# 6058 CK# 4120	Iowa Chiropractic Society PAC 6058 1605 N. Ankeny Blvd, Suite 100 Ankeny, IA 50023		100.00	<input type="checkbox"/>
11/28/07	ID# 6069 CK# 2470	Iowa Industry Political Action 904 Walnut, Suite 100 Des Moines, IA 50309-3503		100.00	<input checked="" type="checkbox"/>
11/28/07	ID# 6056 CK# 3664	Bankers United in Legislative Decisions 800 NW 62nd Ave Johnston, IA 50131-6200		2500.00	<input checked="" type="checkbox"/>
11/28/07	ID# 6052 CK# 3189	Independent Insurance Agents of IA 4000 Westown Pkwy, Suite 200 West Des Moines, IA 50265		500.00	<input checked="" type="checkbox"/>
11/28/07	ID# CK# 1317	Fred M. Haskins 505 5th St. Suite 729 Des Moines, IA 50309		25.00	<input checked="" type="checkbox"/>
11/28/07	ID# 6004 CK# 4663	Associated Gen. Contractors of IA 701 E. Court Ave Des Moines, IA 50309-4941		500.00	<input checked="" type="checkbox"/>

SUB-TOTAL

4425.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

**CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)

Reset Form

SCHEDULE <b>A</b> (Rev. 06/97)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

**COMMITTEE NAME** (Must be same as on Statement of Organization)

KETTERING CAMPAIGN

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11/28/07	ID# 6155 CK# 4565	Iowans for Tax Relief PO Box 209 Muscatine, IA 52761-0069		\$ 500.00	<input checked="" type="checkbox"/>
11/28/07	ID# 6073 CK# 1973	Iowa Medical PAC 1001 Grand Avenue West Des Moines, IA 50265-3502		250.00	<input checked="" type="checkbox"/>
11/28/07	ID# 6059 CK# 3115	Iowa Committee of Automotive Retailers 1111 Office Park Rd. West Des Moines, IA 50265		200.00	<input checked="" type="checkbox"/>
11/28/07	ID# 6070 CK# 3567	Iowa Lawpac 521 East Locust St., 3rd Floor Des Moines, IA 50309-1939		100.00	<input checked="" type="checkbox"/>
12/03/07	ID# 6160 CK# 2292	Iowa Independent Bankers 1603 22nd Street, Suite 202 West Des Moines, IA 50266		1000.00	<input checked="" type="checkbox"/>
12/03/07	ID# 6099 CK# 934	Meredith Corporation 1716 Locust Street Des Moines, IA 50309-3023		100.00	<input checked="" type="checkbox"/>
12/03/07	ID# CK# 1262	Jim White 634 McCoy Drive Carroll, IA 51401		100.00	<input type="checkbox"/>
12/6/07	ID# CK# 1012	Michael P. Medved 6600 Westown Parkway West Des Moines, IA 50266		750.00	<input checked="" type="checkbox"/>
12/06/07	ID# CK# 1014	James M. Myers 6600 Westown Parkway West Des Moines, IA 50266		750.00	<input checked="" type="checkbox"/>
12/14/07	ID# 6118 CK# 2495	Iowa Optometric Association 1454 - 30th St., STE. 204 West Des Moines, IA 50266		250.00	<input type="checkbox"/>
SUB-TOTAL				4,000.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

Reset Form

**CONTRIBUTIONS – MONEY TAKEN IN**

(Including candidate's personal funds)

SCHEDULE

**A**

(Rev. 00/07)

**MONEY RECEIVED**

☐ CHECK THIS BOX IF  
AMENDING FORM

**COMMITTEE NAME** (Must be same as on Statement of Organization)

KETTERING CAMPAIGN

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/14/07	ID# 8473 CK# 2014	Aquila, Inc 20 W. 9th Street, 2nd Floor Kansas City, MO 64105		\$ 300.00	<input type="checkbox"/>
12/24/07	ID# 8426 CK# 8373	Altria Group, Inc. 101 Constitution Ave NW Washington, DC 20001		500.00	<input type="checkbox"/>
12/29/07	ID# CK# 7304	C. Rowles 19112 Hawthorne Ave Carroll, IA 51401		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

1000.00

**TOTAL (if last page of this schedule)**

\$ 11,925.00

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

KETTERING CAMPAIGN

Reset Form

SCHEDULE <b>E</b> (Rev. 06/97)	IN KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
11/28/07	Iowa Bankers Association 800 NW 62nd Ave Johnston, IA 50131-6200		Food and Beverages	\$ 113.79	<input checked="" type="checkbox"/>
12/06/07	Bob Skow 4000 Westown Parkway, Ste 200 West Des Moines, IA 50266		Flyers cost for 11/28/07 fundraiser	50.10	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (If last page of this schedule)				\$ 163.89	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)